#### **APPLICATION DATA SHEET**

#### **Application Information**

Application Type:: Divisional Subject Matter:: Utility CD-ROM or CD-R?:: None

Title:: ADHESION PROCESS

Attorney Docket Number:: P-6017-D1

Request for Early Publication?:: No Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?::

Petition Included?::

Secrecy Order in Parent Application?::

No

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: Michael J.
Family Name:: Tzivanis
City of Residence:: Chicopee

State or Province of Residence:: MA Country of Residence:: US

Street of Mailing Address:: 36 Tolpa Court

City of Mailing Address:: Chicopee

State or Province of Mailing Address:: MA
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 01020

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status::

Given Name::

William M.

Family Name:: Risen

1

Name Suffix:: Jr.

City of Residence:: Rumford

State or Province of Residence:: RI Country of Residence:: US

Street of Mailing Address:: 87 Miller Street

City of Mailing Address:: Rumford

State or Province of Mailing Address:: RI
Country of Mailing Address:: US
Postal or Zin Code of Mailing Address:: 0297

Postal or Zip Code of Mailing Address:: 02916

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: Robert A.
Family Name:: Weiss

City of Residence:: Mansfield Center

State or Province of Residence:: CT
Country of Residence:: US

Street of Mailing Address:: 70 Kaya Lane
City of Mailing Address:: Mansfield Center

State or Province of Mailing Address:: CT
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 06250

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: Thomas J.
Family Name:: Kennedy

Name Suffix::

City of Residence:: Wilbraham

State or Province of Residence:: MA
Country of Residence:: US

Street of Mailing Address::

City of Mailing Address::

Wilbraham

State or Province of Mailing Address:: MA Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 01095

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name::

Family Name::

City of Residence::

David M.

Melanson

Northampton

State or Province of Residence:: MA
Country of Residence:: US

Street of Mailing Address:: 73 Barrett Street #4122

City of Mailing Address:: Northampton

State or Province of Mailing Address:: MA
Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 01060

#### **Correspondence Information**

Correspondence Customer Number:: 24492

Phone number:: (413) 322-2937 Fax Number:: (413) 322-2575

E-Mail address:: mbugbee@topflite.com

# Representative Information

Representative Customer Number::	24492

# **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Divisional	09/885,835	06/20/01

# Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### **Assignee Information**

Assignee name:: The Top-Flite Golf Company

Street of Mailing Address:: 425 Meadow Street

P.O. Box 901

City of Mailing Address:: Chicopee

State or Province of Mailing Address:: MA Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 01021-0901